PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable feel estate in a transaction exceeding \$1,000 during the reporting period? IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent child: Name: 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? FILER STATUS REPORT TYPE Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period Terrold Lewis Nadler House of Representatives Member of the U.S. 2018 Annual (Due: May 15, 2019) District: State: ž X ?. ?. **Y** ž X **¥** Yes No Daytime Telephone: (202) 225-5635 Amendment Š 8 Z 0 \$ For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any incividual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Employee Officer or Employing Office: Termination Date of Termination: J.5. HUUSE OF REPRESENTATIVE A \$200 penalty shall be assessed against any individual who files more than 30 days late. J.S. HOUSE OF LÉGISLATIVE RESOURCE CENTER 2019 MADMILL USBIDALY)20 DELIVERED age 1 of 5 Staff Filer Type: (If Applicable) Shared ***** ¥8 줉 **Yes** ¥es ĕ 8 X Principal Assistant Z. Š 중 Š 중 70

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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77 IO7	1000	Retirement Switch	E M D	Come Fed. Credit Union	HSBC BANK	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mage Carp, Stock ESF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.			ne Sources	BLOCKA
a w determined		andetermined		X	X	×	indofinka	×	\$25,000,00 Over \$50,00 Spouse/DC	0,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000	000,000					A B C D E F G H 1 J K L M	Total library and	est at close of the reporting period. If you use a er than fair market value, please specify the method during the reporting period and is included only income, the value should be "None."		BLOCK B
See Schedule c		18 18 18 18 C		X	X	Partnership	Noyalles	x	TAX-DEFE	AINS VBLIND TRUS RRED		r Farm (ncome)						Check all columns that apply. For accounts that generals tax-deferred income (auch as 401(t), IRA or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if retweeted, must be disclosed as income for seasets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	∓	BLOCK C
	X					×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,5 \$2,501-\$5,0 \$5,001-\$15 \$15,001-\$5 \$50,001-\$1 \$100,001-\$ \$1,000,001- Over \$5,000 Spoume/DC	000 000 0,000 0,000 00,000 1,000,000 \$5,000,000	orne over	\$1,000,000*					in which you have no interset.	For easely for which you checked "lax-Deferred" in Block C, you may check the "None" culturn. For all other easels indicate the category of income by checking the appropriate box below. Dividencis, interest, and capital gains, even if neitwested, must be disclosed as income for easels held in taxable accounts. Check "None" if no income was semed or generaled accounts. Check "None" if no income was semed or generaled to accounts. Other "None" if no income was semed or generaled to account to the content of the c		BLOCK D
								S(pert)	P, S, S(part), or E				,		Leave this column blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (S (part)).	If only a portion of an asset was sold.	easet had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting	Transaction	BLOCK E

SCHEDULE C - EARNED INCOME

Name: Ferrald Lowis Nadler Page 3 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; ist only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as Nationa) Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	sated at or above the "senior staff" rate was ciary relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Menhand	Snouse Speech	\$16,000 \$1 000
Ontario County Board of Education	Spouse Salary	N/A
New York Employee Retirement System	Tension	21558
New York City Employee activement System	Shouse Pension	<i>M</i>
	ŀ	
Co / wmbia / University	Spouse Salary	NA
C7: 2	Smiles Slary	<i>λ/μ</i>
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SCHEDULE D - LIABILITIES

Name: Lewis Page_ <u>`</u>Q,

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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			7	8	ank of W	Creditor		ļ
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			12/10	2/13	5/16	Date Liability Incurred MO/YR		
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			Revolving Credit God	200	Mortgage on Rental Property, Dover, DE	\		
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			3	hore on terrinal	l Property	Type of Liability		
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						\$500,001- \$1,000,000	п	of L
						\$1,000,001- \$5,000,000	۵	Amount of Liability
						\$5,000,001- \$25,000,000	Ŧ	
						\$25,000,001- \$50,000,000	_	
	 <u> </u>					Over \$50,000,000	د	
						Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, traternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position Name of Organization

SCHEDULE F - AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former Name: 1cmold Lewis Page S 9

employer.		
Date	Parties to Agreement	Terms of Agreement
6/13	NYS Employee Rethrement Sys	6/13 NYS Employee Retrievent System To provide a newspor after service as a New
, -		Vark State employee.

SCHEDULE G - GIFTS

acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits

	Source	Description	Value
Exemple:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400